

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10/579861</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.	17	◀	/	◀	/	◀
TOTAL CLAIMS	18	[REDACTED]	18	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]